

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <b>8988</b>	2 Fiscal Year Covered From <b>1</b> / <b>1</b> / <b>2004</b> Through <b>12</b> / <b>31</b> / <b>2004</b>
3 Name and address of person filing Name <b>James</b> <b>A</b> <b>Williams</b>  P O Box, Bldg, Room No, if any  Street <b>1750 New York Avenue, N W</b>  City <b>Washington</b>  State <b>District of Columbia</b> ZIP Code + 4 <b>20006-5301</b>	4 Name, file number and address of labor organization Name <b>International Union of Painters &amp; Allied Trade</b>  Labor Organization File Number <b>000-035</b>  P O Box, Building and Room Number, if any  Street <b>1750 New York Avenue, N W</b>  City <b>Washington</b>  State <b>District of Columbia</b> ZIP Code + 4 <b>20006-5301</b>
5 Position in labor organization <b>General President</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name, if any) Name  Trade Name, if any  P O Box, Bldg, Room No, if any  Street  City  State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income          7 b Amount          
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### Signature

**15 Signature and verification** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

*James A. Williams*

On

*8/15/05*

Date

202 637-0700

Telephone Number

Name of Person Filing James Williams

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Dickstein Shapiro Morin &amp; Oshinsky LLP

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 2101 L Street, N W

City Washington

State District of Columbia ZIP Code + 4 20037

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Business provides legal services to labor organization

## 11 b Approximate dollar value of such dealing

\$247,276

## 12 a Nature of interest held or income received

Christmas Gift - 2 Bottles of Wine, \$90 each

## 12 b Amount

\$180

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Kelly Press, Inc  
Trade Name, if any  
P O Box, Bldg, Room No, if any  
Street 1701 Cabin Branch Drive  
City Cheverly  
State Maryland ZIP Code + 4 20785

## 9 Business deals with

- ☒ a Labor Organization  
☐ b Trust  
☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name  
Trade Name, if any  
P O Box, Bldg, Room No, if any  
Street  
City  
State ZIP Code + 4

## 11 a Nature of such dealing

Business provides printing services and materials to labor organization - In 2004, provided convention services

## 11 b Approximate dollar value of such dealing

\$1,570,879

## 12 a Nature of interest held or income received

1/14/04, lunch, \$128 30  
3/4/04, dinner, \$56 32  
4/21/04, gift (xm radio), \$104 99  
10/11/04, dinner, \$36 10  
11/5/04, dinner, \$84 04  
11/25/04, gift (turkey), \$33 50  
12/25/04, gift (turkey), \$33 50

## 12 b Amount

\$766

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name  
Trade Name, if any  
P O Box, Bldg, Room No, if any  
Street  
City  
State ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

Name of Person Filing James Williams

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name The McLaughlin Company

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1725 DeSales Street, N W

City Washington

State District of Columbia ZIP Code + 4 20036

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

Business provides insurance brokerage services to labor organization

## 11 b Approximate dollar value of such dealing

\$250,186

## 12 a Nature of interest held or income received

12/04, gift (poinsettia), \$45  
12/12/04, Recreational Entertainment, \$354

## 12 b Amount

\$399

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

Name of Person Filing James Williams

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Spear, Wilderman, et al

Trade Name, if any

P O Box, Bldg Room No, if any Suite 1400

Street 230 South Broad Street

City Philadelphia

State Pennsylvania ZIP Code + 4 19102

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Business provides legal services to labor organization

## 11 b Approximate dollar value of such dealing

\$21,431

## 12 a Nature of interest held or income received

2/7/04, dinner, \$132.84

## 12 b Amount

\$133

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Novak/Francella

Trade Name, if any

P O Box, Bldg, Room No, if any Suite 501

Street Two Bala Plaza

City Bala Cynwyd

State Pennsylvania

ZIP Code + 4 19004

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

Business provides accounting services to labor organization

## 11 b Approximate dollar value of such dealing

\$95,777

## 12 a Nature of interest held or income received

1/28/04, meal, \$90.88

8/4/04, meal, \$36.44

12/13/04, meal, \$81.48

## 12 b Amount

\$209

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐

?

## 14 b Amount of payment

Name of Person Filing James Williams

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

## 12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Finishing Contractors Association

Trade Name, if any

P O Box, Bldg, Room No, if any Suite 1210

Street 8150 Leesburg Pike

City Vienna

State Virginia ZIP Code + 4 22182

## 14 a Nature of payment

Christmas Gift Basket, \$195 65, including tax

13 b Is the Business an Employer ☒ or Consultant ☐ ?

## 14 b Amount of payment

\$196

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Amalgamated Bank of New York

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 11-15 Union Square

City New York

State New York

ZIP Code + 4 10003

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

Business provides banking services to labor organization

## 11 b Approximate dollar value of such dealing

\$3,228

## 12 a Nature of interest held or income received

12/25/04 Holiday Gift - Blanket \$38 22

## 12 b Amount

\$38

C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

## 14 a Nature of payment

## 14 b Amount of payment

13 b Is the Business an Employer ☐or Consultant ☐

?



Name of Person Filing James Williams

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Jennings Sigmond

Trade Name, if any

P O Box, Bldg, Room No, if any 16th Floor

Street 510 Walnut Street

City Philadelphia

State Pennsylvania ZIP Code + 4 19106-3683

## 9 Business deals with

- ☐ a Labor Organization
- ☒ b Trust
- ☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name IUPAT Industry Pension Fund

Trade Name, if any

P O Box Bldg, Room No, if any

Street 1750 New York Avenue, N W

City Washington

State District of Columbia ZIP Code + 4 20006

## 11 a Nature of such dealing

Business provides legal services to affiliated pension fund

Filer is a trustee

## 11 b Approximate dollar value of such dealing

\$450,449

## 12 a Nature of interest held or income received

Christmas Present - Sweets Basket

## 12 b Amount

\$200

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

Name of Person Filing James Williams

File Number U-

B Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Harbaugh Hotel Management Company

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1600 North Indian Canyon Drive

City Palm Springs

State California ZIP Code + 4 92262

## 9 Business deals with

- ☐ a Labor Organization  
☒ b Trust  
☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name IUPAT Industry Pension Fund

Trade Name, if any

P O Box Bldg Room No if any

Street 1750 New York Avenue, N W

City Washington

State District of Columbia ZIP Code + 4 20006

## 11 a Nature of such dealing

Business provides hotel services to affiliated pension fund

## 11 b Approximate dollar value of such dealing

\$4,432

## 12 a Nature of interest held or income received

5/10/04, hospitality comp refreshments, \$85

Filer is a trustee

## 12 b Amount

\$85

C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

Name of Person Filing James Williams

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name IUPAT Industry Pension Fund

Trade Name, if any

P O Box, Bldg Room No if any

Street 1750 New York Avenue, N W

City Washington

State District of Columbia ZIP Code + 4 20006

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box Bldg Room No , if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Affiliated Pension Fund - dealing consists of shared costs

Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund

## 11 b Approximate dollar value of such dealing

\$839,191

## 12 a Nature of interest held or income received

5/13/04, meal, \$138 97

1/21/04, meal, \$48 67

3/28/04, meal, \$95 84

6/30/04, meal, \$55 05

7/28/04, meal, \$84 02

8/20/04, meal, \$98 88

9/11/04, meal, \$107 21

## 12 b Amount

\$629

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

Name of Person Filing James Williams

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name IUPAT Industry Pension Fund

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1750 New York Avenue, N W

City Washington

State District of Columbia ZIP Code + 4 20006

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box Bldg, Room No, if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

Affiliated Pension Fund - dealing consists of shared costs

Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund

## 11 b Approximate dollar value of such dealing

\$839,191

## 12 a Nature of interest held or income received

9/14/04, meal, \$137 04  
10/13/04, meal, \$56 70  
11/3/04, meal, \$213 75  
11/30/04, travel/expenses, \$51 80  
12/10/04, meal, \$74 45

## 12 b Amount

\$534

C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

Name of Person Filing James Williams

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name IUPAT Industry Pension Fund

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1750 New York Avenue, N W

City Washington

State District of Columbia ZIP Code + 4 20006

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Affiliated Pension Fund - dealing consists of shared costs

Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund

## 11 b Approximate dollar value of such dealing

\$839,191

## 12 a Nature of interest held or income received

Paid directly to hotel(s) for meals

1/25/04, dinner, \$28 47

1/27/04, dinner, \$167 14

10/19/04, dinner, \$71 34

## 12 b Amount

\$267

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

Name of Person Filing James Williams

File Number U-

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

**8** Name and address of Business (including trade name, if any)

Name IUPAT Industry Pension Fund

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1750 New York Avenue, N W

City Washington

State District of Columbia ZIP Code + 4 20006

**9** Business deals with☒ a Labor Organization☐ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No if any

Street

City

State

ZIP Code + 4

**11 a** Nature of such dealing

Affiliated Pension Fund - dealing consists of shared costs

Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund

**11 b** Approximate dollar value of such dealing

\$839,191

**12 a** Nature of interest held or income received

Paid directly to hotel(s) for lodging

1/25-1/30, 6 nights, \$2830 50

5/10-5/14, 5 nights, \$802 70

9/12-9/15, 4 nights, \$682 00

**12 b** Amount

\$4,315

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a** Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

**14 a** Nature of payment**13 b** Is the Business an Employer ☐ or Consultant ☐ ?**14 b** Amount of payment

Name of Person Filing James Williams	File Number U-
--------------------------------------	----------------

B Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name IUPAT Labor Management Cooperation Initiativ</p> <p>Trade Name, if any</p> <p>P O Box, Bldg Room No, if any</p> <p>Street 1750 New York Avenue, N W</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>Affiliated labor management fund - dealing consists of shared costs</p> <p>Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund</p>
	<p>11 b Approximate dollar value of such dealing \$226,441</p>
	<p>12 a Nature of interest held or income received</p> <p>2/1-4/04, hotel, \$2505 74</p> <p>2/1/04, meal, \$171 68</p> <p>2/2/04, meal, \$41 22</p> <p>2/3/04, meal, \$35 01</p> <p>3/17/04, meal, \$170 36</p> <p>3/17/04, meal, \$166 36</p> <p>3/18/04, meal, \$162 01</p>
	<p>12 b Amount \$3,252</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing James Williams

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name IUPAT Labor Management Cooperation Initiativ

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1750 New York Avenue, N W

City Washington

State District of Columbia ZIP Code + 4 20006

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

Affiliated labor management fund - dealing consists of shared costs

Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund

## 11 b Approximate dollar value of such dealing

\$226,441

## 12 a Nature of interest held or income received

3/19/04, meal, \$130 60  
5/13/04, meal, \$119 75  
6/7/04, hotel, \$488 85  
6/23/04, meal, \$87 53  
7/10/04, meal, \$168 96

## 12 b Amount

\$996

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment



Name of Person Filing James Williams	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name, if any)</b> Name IUPAT Labor Management Cooperation Initiativ Trade Name, if any P O Box, Bldg , Room No , if any Street 1750 New York Avenue, N W City Washington State District of Columbia ZIP Code + 4 20006	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name Trade Name, if any P O Box, Bldg Room No , if any Street City State ZIP Code + 4	<b>11 a Nature of such dealing</b> Affiliated labor management fund - dealing consists of shared costs Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund <b>11 b Approximate dollar value of such dealing</b> \$226,441 <b>12 a Nature of interest held or income received</b> 8/5/04, meal, \$212 75 9/10/04, meal, \$51 90 9/10-11/04, hotel, \$426 25 12/17/04, Christmas Gift, \$61 95 <b>12 b Amount</b> \$753

<b>C Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b> Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	<b>14 a Nature of payment</b>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	<b>14 b Amount of payment</b>

Name of Person Filing James Williams

File Number U-

B Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name IUPAT Joint Apprenticeship Training Fund

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1750 New York Avenue, N W

City Washington

State District of Columbia ZIP Code + 4 20006

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box Bldg, Room No if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Affiliated apprenticeship fund - dealing consists of shared costs

## 11 b Approximate dollar value of such dealing

\$271,319

## 12 a Nature of interest held or income received

2/5/04, meal, \$35 20  
2/5/04, meal, \$238 40  
2/6/04, meal, \$32 42  
2/6/04, meal, \$31 58  
2/7/04, meal, \$28 73  
2/7/04, meal, \$41 20  
2/7/04, meal, \$58 54

## 12 b Amount

\$466

C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name IUPAT Joint Apprenticeship Training Fund

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 1750 New York Avenue, N W

City Washington

State District of Columbia ZIP Code + 4 20006

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg Room No, if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

Affiliated apprenticeship fund - dealing consists of shared costs

## 11 b Approximate dollar value of such dealing

\$271,319

## 12 a Nature of interest held or income received

4/26/04, meal, \$36 36

6/24/04, meal, \$67 49

10/21/04, meal, \$67 33

## 12 b Amount

\$171

C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐

?

## 14 b Amount of payment

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.